

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11937 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH FILED JAN 5 1962
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY St. Louis
 c. CITY OR TOWN Olivette Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 815 Dielman Road Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First FRED Middle URVATER Last _____
 4. DATE OF DEATH Month Dec. Day 20 Year 1961
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 6/28/04 9. AGE (last birthday) 57
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive-Midwest Consultants, Inc.
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (City and state or country) Belgium 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Michael Urvater 13b. MOTHER'S MAIDEN NAME Matilda Schlang 14. NAME OF HUSBAND OR WIFE Pauline Urvater
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. 16. SOCIAL SECURITY NO. Unk. 17. INFORMANT Mrs. P. Urvater-815 Dielman Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 5 hrs.
 Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) _____
 DUE TO (c) 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____
 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from 7-13-59 to 12-20-61 and last saw him alive on 12-20-61
 Death occurred at 1 12 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herman Orzel M.D. 22b. ADDRESS 100 N. Euclid 22c. DATE SIGNED 12/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 12/22/61 23c. NAME OF CEMETERY OR CREMATORY United Hebrew Temple 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR Herman Rindskopf, Inc. 5216 Delmar ADDRESS _____ 25. DATE RECD. BY LOCAL REG. DEC 21 1961 26. REGISTRAR'S SIGNATURE Lois Smith M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3880

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.